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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

P06384US00

First Named Inventor

SIDLINGER, Matthew R., et al.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SAFETY BARRIER AND METHOD FOR USING SAME

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

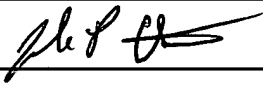


Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 22885		OR <input type="checkbox"/> Correspondence address below	
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Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
MATTHEW R.		SIDLINGER	
Inventor's Signature		Date	
<i>Matthew R. Sidlinger</i>		9/04/03	
Residence: City	State	Country	Citizenship
Clinton	Iowa	US	US
Mailing Address			
2194 379th Avenue			
City	State	ZIP	Country
Clinton	Iowa	52732	US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JAN C.		MANGELSEN	
Inventor's Signature		Date	
<i>Jan C Mangelsen</i>		9/4/03	
Residence: City	State	Country	Citizenship
Charlotte	Iowa	US	US
Mailing Address			
111 Park Avenue			
City	State	ZIP	Country
Charlotte	Iowa	52731	US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOHN P.		CHRISTEN	
Inventor's Signature 		Date <u>2-4-03</u>	
Residence: City Davenport	State Iowa	Country US	Citizenship US
Mailing Address 776 West 43rd Street			
Mailing Address			
City Davenport	State Iowa	Zip 52806	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
HARLON		NEWMANN	
Inventor's Signature 		Date <u>9-10-03</u>	
Residence: City Hampton	State Illinois	Country US	US Citizenship
Mailing Address 230 8th Avenue			
Mailing Address 230 8th Avenue			
City Hampton	State Illinois	Zip 61256	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
MIKE		SKAHILL	
Inventor's Signature 		Date <u>9-4-03</u>	
Residence: City Pleasant Valley	State Iowa	Country US	US Citizenship
Mailing Address P. O. Box 149			
Mailing Address			
City Pleasant Valley	State Iowa	Zip 52767	Country US

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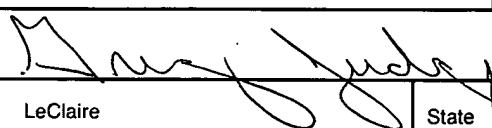
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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
GREG		JUDGE	
Inventor's Signature 		Date 9/4/03	
Residence: City	LeClaire	State	Iowa
Country	US	Citizenship	US
Mailing Address 1313 1/2 Canal Shore Drive			
Mailing Address			
City	LeClaire	State	Iowa
Zip	52753	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	
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Inventor's Signature		Date	
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Country		Citizenship	
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Mailing Address			
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AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	SIDLINGER, Matthew R., et
Group Art Unit	
Examiner Name	
Attorney Docket Number	P06384US00

I hereby appoint:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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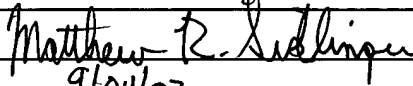
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Matthew R. Sidlinger
Signature	
Date	9/04/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Jan C. Mangelsen
Signature	<i>Jan C. Mangelsen</i>
Date	9/4/03

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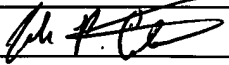
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SIGNATURE of Applicant or Assignee of Record

Name	John P. Christen
Signature	
Date	9-4-02

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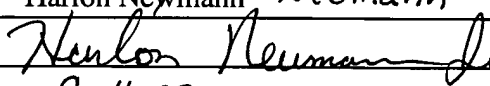
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SIGNATURE of Applicant or Assignee of Record

Name	Harlon Neumann Neumann H.N.
Signature	
Date	9-4-03

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Examiner Name	
Attorney Docket Number	P06384US00

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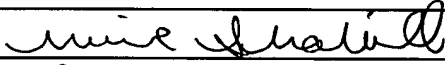
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- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Mike Skahill
Signature	
Date	9-4-03

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Group Art Unit	
Examiner Name	
Attorney Docket Number	P06384US00

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- ☐ Practitioner(s) named below:

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Country				
Telephone		Fax		

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- ☒ Applicant/Inventor.
- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.
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SIGNATURE of Applicant or Assignee of Record

Name	Greg Judge
Signature	
Date	9/4/03

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